

2023 Benefits Guide

Mecklenburg County Human Resources



MECKLENBURG COUNTY
North Carolina





Time Off

- [3](#) Holiday Schedule
- [3](#) Sick Leave
- [3](#) Vacation Leave
- [3](#) Leave of Absences
- [3](#) Bereavement Leave

Health Coverage

- [4](#) Savings and Spending Accounts
- [5](#) Medical Plan Options
- [6](#) Medical Plan and Rates
- [7](#) Prescription Drugs
- [8](#) Marathon Health
- [9](#) Wellness Incentive Program
- [10](#) Dental Plan and Rates
- [11](#) Vision Plan and Rates

Financial Protection

- [12](#) Life and AD&D Insurance
- [13](#) Short Term Disability
- [13](#) Disability Insurance

Voluntary Benefits

- [14](#) Critical Illness Insurance
- [14](#) Accident Insurance
- [14](#) Cancer Insurance
- [14](#) Medical Bridge Insurance
- [15](#) Pet Insurance

Financial Resources

- [16](#) Employee Assistance Programs
- [17](#) 401(k) and 457 Plans
- [18](#) NC 529 College Savings Plan
- [19](#) Financial Wellness

Benefits Resources

- [20](#) County Insurance Perks
- [21](#) Discount Program
- [23](#) Plan Terminology
- [24](#) Contact Information



Holidays, Leave, and Time-off Accrual

2023 Holiday Schedule*

Holiday	Date Observed
New Year's Day	January 2
MLK's Birthday	January 16
Good Friday	April 7
Memorial Day	May 29
Juneteenth	June 19
Independence Day	July 4
Labor Day	September 4
Veterans Day	November 10
Thanksgiving	November 23 & 24
Christmas	December 25, 26, 27

* regular full-time employees

Vacation Leave

For regular full-time and part-time employees, vacation leave begins accruing on the first day of employment. The accrual rate is based upon years of service. Employees who do not use sick leave or leave without pay for 7 consecutive pay periods earn an additional 4 hours of vacation.

Years of Service	Days per Year
0-1	10
2-4	12
5-9	15
10-14	18
15-19	21
20+	24

At the end of each calendar year, employees may carry a maximum of 30 days vacation into the new year, and any excess leave over 30 days will be rolled into the employee's accumulated sick leave balance.

Wellness Days

Full-time employees will receive 16 hours of wellness leave and must take the leave in 8-hour increments. Eligible part-time employees will receive 12 hours of wellness leave and must take the leave according to their scheduled workday. Wellness days do not have to be used consecutively. Wellness Days do not rollover year-to-year.

Sick Leave - 12 Days Annually

For regular full-time and part-time employees, sick leave is accrued on a bi-weekly basis at a rate of 0.04615 hours (12 days annually) for each regularly scheduled hour worked. There is no maximum accrual limit. Unused hours will rollover year-to-year.

Sick Leave Donation: In long-term medical situations, employees may donate sick leave to other employees subject to certain conditions.

Leaves of Absences

There are specific types of absences which may be approved as periods of time away from work. Mecklenburg County recognizes the following types of leave. *Restrictions may apply.*

Administrative Leave: unpaid up to 30 days

Disaster Response Leave

Extended Family Leave: unpaid up to 52 work weeks

Extended Medical Leave: unpaid up to 52 work weeks

Family/Medical Leave: unpaid up to 12 work weeks

Military Caregiver Leave: unpaid up to 26 work weeks

Military Leave

Paid Family Leave: paid to up 6 weeks

To be eligible for Paid Family Leave, an employee must be qualified under the Family Medical Leave Act (FMLA) and on approved FMLA leave.

Bereavement Leave

Mecklenburg County allows time away from work for the death of an immediate family member, as defined by policy. Regular full-time employees may take up to 24 consecutive work hours of paid leave.



Health Savings Account vs. Spending Accounts

Health Savings Account (HSA) is an account that you can set aside pre-tax dollars to save for future medical, dental, and vision expenses that are not covered by your insurance plan or elsewhere. To receive the County's HSA contribution (seed money), you must elect the County's High Deductible Health Plan (HDHP) even if you do not plan to contribute any of your own money. All remaining funds, including employee and employer contributions, will roll over to the next plan year. **You are not eligible for this plan if enrolled in the County's Preferred Provider Organization (PPO) plan.**

HealthCare Flexible Spending Account (HCFSA) is a pre-tax account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan or elsewhere. The funds you contribute on a bi-weekly basis is front-loaded at the beginning of the plan year. This means you may use the funds as soon as they are available. Once funds are exhausted, bi-weekly deductions will still occur until the end of the plan year. You must re-enroll each year during Open Enrollment if you want to participate the following year. **Unused funds do not roll over to the following year. If you don't use the funds by the end of the plan year, the remaining balance will be forfeited.**

Dependent Care Flexible Spending Account (DCFSA) is available to regular full-time employees and allows you to set aside pre-tax dollars for planned dependent care services (dependent children under the age of 13 or adult day care). You must re-enroll each year during Open Enrollment if you want to participate the following year. The funds in this account become available after each contribution. You cannot get reimbursed for a service if it is more than what you have available in your account. **Unused funds will not roll over to the next plan year.** The minimum you can contribute is \$260 and the maximum is \$5,000* for 2023.

Commuter Reimbursement Account (CRA) is available to regular full-time employees for transit reimbursement (bus, rail, vanpool) expenses. You can use this account to purchase CATS bus, rail or vanpool passes. You may contribute up to \$300/month, and you may withdraw up to \$300/month. The remaining balance will roll over from month to month and year to year. Deductions may be started and stopped at any time.



Health Savings vs. Healthcare Flexible Spending Account Comparison Chart

	Health Savings Account (HSA)	HealthCare Flexible Spending Account (HCFSA)
County Contribution	The County contributes to the HSA \$500 individual / \$1,000 family	The County does not contribute to the HCFSA
Contribution Limits	\$3,850 individual / \$7,750 family	\$260 minimum / \$3,050 maximum
Contribution Changes	Contribution amounts can be changed at any point during the year.	Contribution amounts can be changed only at open enrollment or within 31 days of a qualifying event.
Account Investments and Earnings	HSA funds are held in an interest-bearing account and may be invested in mutual funds.	Funds in the HCFSA do not earn interest, and there are no investment options.
Availability of Funds	Only the balance of funds in the HSA is available.	The full HCFSA annual election amount is available immediately.
Paying for Eligible Expenses	Expenses can be paid by HSA Debit Card and/or online bill pay.	Expenses can be paid by HCFSA Debit Card and/or Reimbursement Request.
Saving Receipts	Save your receipts and EOB's. The IRS requires documentation of HSA withdrawals during a tax audit.	Save your receipts and EOB's. You may be required to submit documentation of your expenses.
Reimbursement Deadline	There is no deadline.	You may claim expenses incurred from January 1, 2023 through March 15, 2024. If you do not use your funds by the end of the plan year, your remaining balance will be forfeited.



Medical Plan Options

For Plan Year 2023, you have the following options for medical coverage:

HDHP (High Deductible Health Plan) is a health plan that offers qualified medical services similar to the PPO, including preventative services and coverage for in and out-of-network. Members are subject to a higher deductible and lower premiums. A tax-advantaged Health Savings Account may be opened to set aside money to pay for eligible health care expenses. You cannot enroll in a health care Flexible Spending Account with a HDHP.

PPO (Preferred Provider Organization) is a health plan that allows you to choose from a network of preferred providers. A primary care physician is not required and referrals aren't necessary for other in-network providers. However, you will need referrals for an out-of-network provider and will pay more. Members are subject to a lower deductible and higher premiums. This plan includes copays until your deductible is met, then you will pay coinsurance until your out-of-pocket maximum is reached. An optional tax advantaged Health Flexible Spending Account may be used to complement the PPO Plan.

Waived Medical (Opt Out/Waive) is an option for those who have other coverage and do not want to participate in the County's medical plan for 2023. If you choose to opt out/waive you will receive a one-time cash benefit of \$400 (grossed up to \$540) added to your paycheck in January. You can still enroll in any of the three spending accounts: Health Flexible Spending Account (HCFSAs), Dependent Care Flexible Spending Account (DCA) and Commuter Reimbursement Account (CRA).

Saving and Spending Account Options

Type of Account	HSA	HCFSA	DCFSA	CRA
BCBSNC PPO		✓	✓	✓
BCBSNC HDHP	✓		✓	✓
Waived Medical		✓	✓	✓

Dependent Care Account and Commuter Reimbursement Account are not considered medical options. They are listed in this chart to display what you can select depending on the medical plan you select.

If you were hired prior to January 1, 2017:

Employees hired prior to January 1, 2017 have the option to enroll in the plan which best suits their needs. Being eligible for the PPO plan does not always mean that it is the best fit for your needs. In some instances, the HDHP/HSA may provide more cost savings and lower out-of-pocket expenses.

While the HDHP has a higher deductible than the PPO, it has lower monthly premiums than the PPO. The HDHP also includes a health savings account (HSA) into which the County deposits \$500 for individual coverage and \$1,000 for family coverage. You can also elect to make contributions, tax-free, to the HSA. The funds in the HSA are then used to pay for medical expenses.

To decide which plan is right for you, compare your expected annual health care costs to the money you save on premiums with the HDHP, plus the company contribution to your HSA, plus the PPO deductible.



Medical Plan and Rates



The County offers regular full-time employees group health insurance coverage. Employees hired after January 1, 2017, are limited to the High Deductible Health Plan with the Health Savings Account. Employees enrolled in our medical plan will be eligible to utilize the BCBSNC Blue Connect portal, www.blueconnectnc.com, to check claim status, view coverage, find a provider, download a member ID card, and more.

Wellness Rate is the discount you will receive on medical premiums when you complete predetermined wellness activities. To receive the wellness discount of \$1,000 for 2023 plan year, you must have completed the Health Risk Assessment (HRA) and Biometric Screening by June 30, 2022. If an Alternative Standard was required, the deadline was August 31, 2022. All employees hired on or after April 11, 2022 are automatically eligible for wellness rate for the 2023 plan year.

Bi-weekly Deductions	HDHP (with HSA)		PPO	
	Wellness Rate		Wellness Rate	
	Employee Cost	County Cost	Employee Cost	County Cost
Employee only	\$24.84	\$344.10	\$47.82	\$333.49
Employee + Child(ren)	\$85.98	\$541.22	\$126.11	\$522.13
Employee + Spouse	\$115.57	\$696.11	\$167.31	\$671.58
Employee + Family	\$192.49	\$1,098.81	\$274.45	\$1,060.15
	Non-Wellness Rate		Non-Wellness Rate	
	Employee Cost	County Cost	Employee Cost	County Cost
Employee only	\$63.30	\$305.64	\$86.28	\$295.03
Employee + Child(ren)	\$124.44	\$502.76	\$164.57	\$483.67
Employee + Spouse	\$154.03	\$657.65	\$205.77	\$633.12
Employee + Family	\$230.95	\$1,060.35	\$312.91	\$1,021.69

Annual Deductible	HDHP (with HSA)		PPO	
	Single	Family	Single	Family
In-network	\$1,600.00	\$3,200.00	\$600.00	\$1,200.00
Out-of-network	\$3,200.00	\$6,400.00	\$1,500.00	\$3,000.00
HSA Seed	\$500.00	\$1,000.00	—	—

Coinsurance	HDHP (with HSA)		PPO	
In-network	30%		30%	
Out-of-network	40%		40%	
Out-of-pocket max (in-network)	\$5,000.00	\$10,000.00	\$5,000.00	\$10,000.00
Out-of-pocket max (out-of-network)	\$10,000.00	\$20,000.00	\$10,800.00	\$21,600.00
Lifetime Max Benefits	Unlimited		Unlimited	

Physician Services	HDHP (with HSA)	PPO
Office visits (primary care)	30% after deductible	\$25.00
Office visits (specialist)	30% after deductible	\$40.00
Preventative Care	Covered at 100%	Covered at 100%
Allergy Injection	30% after deductible	Covered at 100%
Surgery	30% after deductible	30% after deductible

Marathon Health	HDHP (with HSA)	PPO
Preventative Care	Free	Free
Sick visit	\$25.00	Free
Prescriptions	\$4.00	Free

Hospital / Facility	HDHP (with HSA)	PPO
Inpatient / Outpatient	30% after deductible	30% after deductible
Emergency Room	30% after deductible	30%, \$225.00 copay
Urgent Care	30% after deductible	\$60.00

NOTE: Your new ID card will be mailed to your home address.



Prescription Drugs

CVS Caremark is the County's prescription drug plan administrator who manages your prescription benefits, just like your health insurance company manages your medical benefits. Employees enrolled in our medical plan will be eligible to utilize the CVS Caremark portal, www.caremark.com/wps/portal, to manage prescriptions, see costs, coverage and possible savings.



In-Network Prescription Drugs	HDHP	PPO
Preventative Generic Medicines	\$0 copay	\$0 copay
Retail Tier 1	30% after deductible	\$15 copay
Retail Tier 2	30% after deductible	30%, \$30 min copay / \$90 max copay
Retail Tier 3	30% after deductible	40%, \$60 min copay / \$120 max copay
Mail Order Tier 1	30% after deductible	\$30 copay
Mail Order Tier 2	30% after deductible	30%, \$60 min copay / \$120 max copay
Mail Order Tier 3	30% after deductible	40%, \$120 min copay / \$240 max copay

NOTE: Only new members will receive new ID cards for the 2023 plan year.

Here are six tips to help you save time and money on your medications:

- 1 Register at Caremark.com.** You will be able to stay up to date on new and unique ways to save and find a network pharmacy before you fill a prescription.
- 2 Be sure any retail pharmacy you use is in your network.** Network pharmacies are included in your prescription plan to help keep costs low. If you fill prescriptions out-of-network, you will have to pay 100% of the cost.
- 3 Know which medications are covered.** Your plan's list of covered medications can help you and your doctor find the most cost effective drug option.
- 4 Use the Check Drug Cost tool available online.** You'll be able to do a side-by-side comparison of our medications to see where you could be saving.
- 5 Have 90-day supplies delivered by mail.** Save on medications you take regularly.
- 6 Download the CVS Caremark app.** Manage your prescription medications from wherever you are.

Digital tools are available to help find ways to save money on your medications, and save time managing them for you and your family. Some examples of CVS Caremark's digital tool are below:

Cost and time savings tools	
Prescription delivery by mail	Manage your prescriptions all in the same place
Check drug costs and coverage	Quick start new orders
Find a network pharmacy	Quick and easy refills on your prescriptions
Keep track of your prescription spending	Customize notifications and reminders



Marathon Health

Marathon Health is an independent provider of primary care clinics. Mecklenburg County has partnered with Marathon Health to provide access to high-quality care with an increased emphasis on wellness, prevention, and consistency of care.

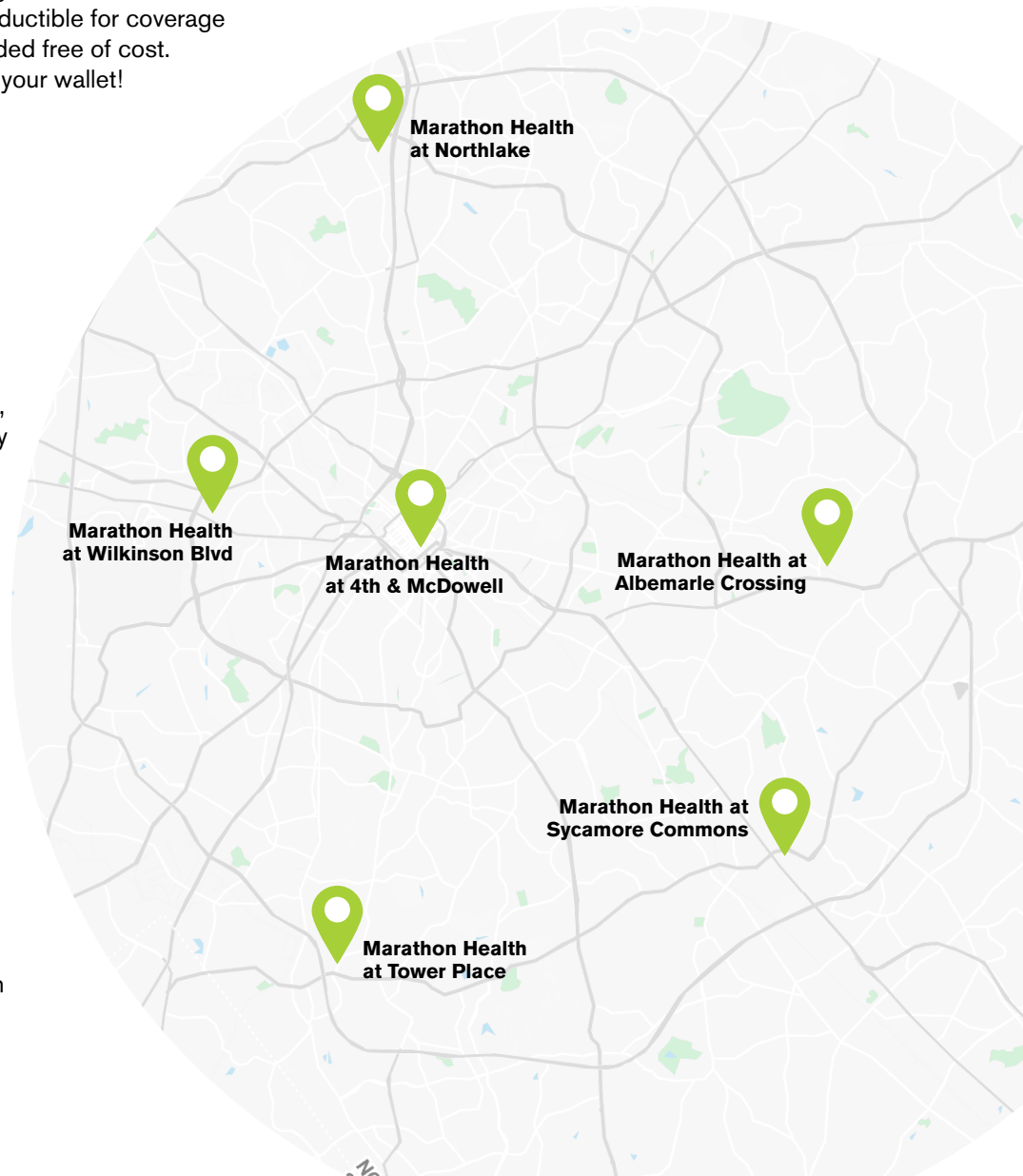
Covered members and their covered dependents ages 2+ may utilize Marathon Health upon becoming benefits eligible.



Seeking treatment at Marathon Health provides significant savings versus seeking treatment in a doctor's office, urgent care or ER and doesn't involve meeting your health insurance deductible for coverage of the visit. Many services are even provided free of cost. Good for your health and even better for your wallet!

Free services for ages 2-15

- 1 Primary care.** Checkups, biometric screenings, annual physicals, flu shots, gynecological exams, cancer screenings.
- 2 Chronic condition treatment.** High blood pressure and cholesterol, diabetes, asthma, depression, anxiety and more.
- 3 Medications and lab testing.** 150+ common medications dispensed in the clinic or mailed home at no charge and 3,000+ lab and blood draws.
- 4 Personalized health coaching.** Diet and weight loss, tobacco cessation, nutrition, trouble sleeping and more.
- 5 Pre-participation physicals.** For school, camp and sports.
- 6 Behavioral Health Services.** Depression, anxiety, stress, addiction and substance abuse, relationships and family problems, conflict resolution, and more for ages 6+ with a parent/guardian and 12+ for individual appointments.



For more information, or to register your account, visit member.ourhealth.org or contact the Member Relations Team at 980.202.6526.



Wellness Incentive Program

Employees who complete the wellness requirements for a specific plan year are eligible to select wellness rates when enrolling in a County-sponsored medical plan. You can also receive a financial incentive that reduces your premiums - saving you \$1,000 a year.

You can earn the reward for plan year 2024 by completing the steps below:



Biometric Screening*

The Biometric Screening serves as a benchmark and can help you evaluate any changes in your health status over time. To complete biometric screening please select one of the following:

- **Schedule your Biometric Screening at Marathon Health or**
- **Print the Biometric screening form to take to your doctor and submit to Marathon Health.**



Health Risk Assessment*

This questionnaire will assess risk of illness or injury based on lifestyle behaviors. Complete the HRA through the Marathon Health portal by June 30, 2023.



Alternative Standard*

Those who do not meet certain biometric screening metrics must complete a minimum of one health coaching sessions with a Marathon Health Coach or Mental Wellness Checkup with a Behavioral Health Specialist to receive the incentive.

To receive credit for 2024, please complete the biometric screening between January 1, 2023 - June 30, 2023. An alternative standard, if required, by August 31, 2023.

*Subject to change. Specifications and options will be determined in the beginning of 2023.



Dental Plan and Rates



The County offers regular full-time employees two options for dental coverage. Dental cards will not be issued to employees as part of this plan. Employees enrolled in our dental plans will be eligible to utilize the Cigna portal, my.cigna.com, to search for in-network providers, procedures, cost estimates, view claims, download dental cards, and more.

STANDARD PLAN has a calendar year maximum of \$1,000 per individual and member may go to an in-network or out-of-network dentist; orthodontic coverage is NOT available.

ENHANCED PLAN has a calendar year maximum of \$1,500 per individual and member may go to an in-network or out-of-network dentist; orthodontic coverage is available for children up to 19 years of age and has a lifetime max of \$1,500 per individual.

Bi-weekly Deductions				
	Standard Plan		Enhanced Plan	
	Employee Cost	County Cost	Employee Cost	County Cost
Employee only	\$3.10	\$8.88	\$5.10	\$14.60
Employee + Child(ren)	\$16.13	\$8.88	\$26.50	\$14.60
Employee + Spouse	\$13.25	\$8.88	\$21.76	\$14.60
Employee + Family	\$25.36	\$8.88	\$41.67	\$14.60

Class I, II, and III expenses per individual		
	Calendar year maximum and deductions	
In-network	\$1,000.00	\$1,500.00
Out-of-network	\$1,000.00	\$1,500.00
Deductibles	\$75 individual / \$225 family	\$50 individual / \$150 family

Class I - Preventative		
What's included: Oral exam, x-rays, cleanings, emergency care to relieve pain, sealants, histopathologic exams, fluoride applications, space maintainers (limited to non-orthodontic treatment)		
In-network	Covered at 100%	Covered at 100%
Out-of-network	20% after deductible	Covered at 100%
Deductibles	none	none

Class II - Basic Restorative Care		
What's included: Fillings, extractions, anesthetics, repairs for dentures, bridges, crowns and inlays, rebases and adjustments, minor/major periodontics, root canal, therapy/endodontics, relines		
In-network	30% after deductible	20% after deductible
Out-of-network	50% after deductible	20% after deductible

Class III - Major Restorative Care		
What's included: Crowns, inlays/onlays, dentures, bridges		
In-network	60% after deductible	50% after deductible
Out-of-network	Not covered	50% after deductible

Class IV - Orthodontia		
Eligible children (up to age 19)	Not covered	50% in / 50% out, no separate deductible
Lifetime maximum	Not covered	\$1,500.00
Missing tooth provision: Teeth missing prior to coverage under the Cigna Dental plan are NOT covered		
Treatment review: Available on a voluntary basis when extensive work in excess of \$200 is proposed		



Vision Plan and Rates



The County offers regular full-time employees a choice of two voluntary vision plans for a minimal premium which provide coverage for exams, lenses, frames, and contacts at reduced costs. Out-of-Network services vary for Standard and Enhanced Plans. Claim submission is only required for benefit reimbursement for Out-of-Network Services. For Out-of-Network reimbursement amounts, please see the Summary of Benefits Plan on MeckWeb. Those continuing with the vision coverage can use their existing cards for 2023. Eyemed will only send ID to new members.

You may download a card from www.eyemedvisioncare.com

Bi-weekly Deductions				
	Standard Plan		Enhanced Plan	
	Employee Cost	County Cost	Employee Cost	County Cost
Employee only	\$2.24	\$0.00	\$5.31	\$0.00
Employee + Child(ren)	\$4.88	\$0.00	\$10.20	\$0.00
Employee + Spouse	\$4.64	\$0.00	\$9.95	\$0.00
Employee + Family	\$7.66	\$0.00	\$15.52	\$0.00
Exam Services				
Exam	\$0 copay		\$0 copay	
Retinal Imaging	Up to \$39		Up to \$39	
Contact Lens Fit and Follow-up				
Fit and Follow-up Standard	\$20 copay (Fitting + 2 follow-up visits)		\$20 copay (Fitting + 2 follow-up visits)	
Fit and Follow-up Premium	\$20 copay (10% off retail + \$40 allowance)		\$20 copay (10% off retail + \$40 allowance)	
Frame				
Frame	\$0 copay (20% off balance over \$180 allowance)		\$0 copay (20% off balance over \$180 allowance)	
Standard Plastic Lenses				
Single Vision, Bifocal, Trifocal, Lenticular	\$20 copay		\$0 copay	
Progressive Standard	\$75 copay		\$0 copay	
Progressive Premium (Tier 1-4)	\$105-195 copay		\$0 copay	
Lens Options				
Anti Reflective Coating Standard	\$45 copay		\$0 copay	
Anti Reflective Coating Premium (Tier 1-3)	\$57-85 copay		\$12-85 copay	
Photochromic Non-Glass	\$75		\$0 copay	
Polycarbonate Standard	\$40		\$0 copay	
Polycarbonate Standard (Under 19 years old)	\$0 copay		\$0 copay	
Scratch Coating Standard Plastic	\$0 copay		\$0 copay	
Tint - Solid and Gradient	\$15		\$0 copay	
UV Treatment	\$15		\$0 copay	
All other lens options	20% off retail price		20% off retail price	
Lens Options				
Contacts - Conventional	\$0 copay (15% off balance over \$150 allowance)		\$0 copay (15% off balance over \$150 allowance)	
Contacts - Disposable	\$0 copay (100% of balance over \$150 allowance)		\$0 copay (100% of balance over \$150 allowance)	
Contacts - Medically Necessary	\$0 copay (paid in full)		\$0 copay (paid in full)	
Other				
Hearing care from Amplifon Network	Discounts on hearing exam and aids		Discounts on hearing exam and aids	
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price		15% off retail or 5% off promo price	
Frequency				
Exam, Lenses, Contact Lenses	Once every plan year (adults + kids)		Once every plan year (adults + kids)	
Frame	Once every other plan year (adults + kids)		Once every other plan year (adults + kids)	

NOTE: Plan allows member to receive either contacts and frame, or frame and lens services.



Life Insurance



Better benefits at work.

Term Life and Accidental Death & Dismemberment (AD&D) Insurance

How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more. AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Mecklenburg County provides the following Term Life and AD&D coverage for you at no cost to you

Yourself

Life and AD&D coverage of 1 times your basic annual earnings to a maximum of \$150,000.

Your spouse

Flat \$10,000 (life coverage only).

Your children

Flat \$10,000 (life coverage only).

You can check your claim status and manage your claim on the web at unum.com/claims. Or you can use our mobile app. If you have questions or need assistance, contact your employer or call 866.679.3054.

Additional coverage available to purchase

If you are actively at work at least 30 hours per week:

Yourself

You can purchase additional Life and AD&D coverage from \$10,000 to \$1,000,000 in \$10,000 increments, up to 6 times your earnings. You can get up to \$300,000 with no health questions. This is your guaranteed issue amount. The total amount of coverage between the base and additional amounts may not exceed \$1,150,000.

Your spouse

You can purchase additional Life coverage for your spouse from \$10,000 to \$100,000 in increments of \$10,000. You must purchase coverage for yourself in order to purchase coverage for your spouse. Spouse coverage must not exceed 100% of the coverage amount you purchased for yourself. Your spouse can get up to 50,000 with no health questions, if eligible. This is their guaranteed issue amount.

Your children

You can purchase additional Life coverage for your children in the amount of \$10,000, if eligible. One policy covers all of your children until their 26th birthday.



Disability Insurance

Short Term Disability Insurance

How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance can replace part of your income while you recover. As long as you remain disabled, you can receive payments for up to 26 weeks. You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

What's covered?

This insurance may cover a variety of conditions and injuries. Here are some reasons for short term disability claims:

- Normal pregnancy
- Injuries (excluding back)
- Joint disorders
- Cancer
- Digestive disorders

This plan does not cover pre-existing conditions.

Coverage amounts

Mecklenburg County provides a benefit of 60% of your weekly income, up to a maximum of \$1,500 per week.

Cesarean section benefit

If you have a Cesarean section, you will be considered disabled for a minimum period of eight weeks unless you return to work before the end of the time.

Elimination period

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits. Your benefits would begin after you become disabled for 25 days.

You can check your claim status and manage your claim on the web at unum.com/claims. Or you can use our mobile app. If you have questions or need assistance, contact your employer or call 866.679.3054.

Long Term Disability Insurance

How does it work?

This coverage pays a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer. Mecklenburg County is providing you a base amount of coverage. You also have the opportunity to purchase additional coverage to be sure your financial needs are met.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result. You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out of pocket medical expenses and more.

What else is included?

Survivor Benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

Waiver of premium

If you're disabled and receiving benefit payments, your cost may be waived until you return to work.

Coverage amounts

Mecklenburg County provides a benefit of 40% of your monthly earnings to a maximum of \$8,000.

Employee optional additional coverage

You can elect to purchase a benefit of 60% of your monthly earnings to a maximum of \$8,000.

The monthly benefit may be reduced or offset by other sources of income. The IRS may require you to pay taxes on certain benefit payments. See your tax advisor for details.

Elimination period

This is the number of days that must pass after a covered illness or injury before you can begin to receive benefits. Your elimination period is 180 days.

Benefit duration

This is the maximum length of time you can receive benefits while you're disabled.

Maximum Period of Payment

Age at Disability	Maximum Period of Payment
Less than age 65	5 years
Age 65-68	To age 70, not less than 1 year
Age 69+	1 year

No premium payments are required for your coverage while you are receiving payments under this plan.

Employer paid and optional additional coverage. You can receive benefits for up to 5 years based on age.



Voluntary Benefits

Mecklenburg County offers all eligible employees the option to purchase additional benefits. These products are voluntary, employee-paid benefits, and eligible employees have the opportunity to select the programs in which they wish to participate in.

Critical Illness Insurance

Critical Illness Insurance is designed to provide employees with additional financial protection to help them with the medical and non-medical costs of a specified disease. The plan pays a lump sum benefit after a covered illness or cancer is diagnosed. You can also choose to add an optional cancer benefit that pays a monthly benefit for extended treatment of cancer (internal or invasive cancer or carcinoma in situ).

This benefit not only will pay multiple times for multiple conditions, it offers an additional benefit for extended treatment and care of cancer.

Benefits

- Enhanced wellness benefit
- Critical illness paid at 100%
- Plan pays lump sum benefits upon diagnosis of covered critical illness
- Guaranteed issue offering

Accident Insurance

Accidental injuries that send you to the emergency room, urgent care or doctor's office are unexpected. How you care for them shouldn't be. With accident insurance, you can be ready for the unexpected costs an injury can bring.

Colonial Life's Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, copayments and out-of-pocket costs related to an accidental injury.

Benefits

- Accident insurance can help offset unexpected medical expenses
- Help cover common accidents (broken bone, burn, concussion, dislocation, falls and spills, sports-related injury)
- Lump sum paid directly to you

Cancer Insurance

The risk of developing cancer, unfortunately, is very real. In the United States, according to the American Cancer Society, 1 in 2 men and 1 in 3 women have a lifetime risk of developing cancer. 62% of the costs associated with cancer treatment are now considered out-of-pocket expenses not covered by your major medical insurance. With the Cancer Plan, premiums are tax-free so you will receive an average savings of 30%.

Benefits

- Includes wellness benefit
- Hospital confinement
- Ambulance
- Private, full-time nursing services
- Travel expenses
- And more!

Medical Bridge Insurance

Medical Bridge is designed to fill the gaps in your health insurance and help protect against those out-of-pocket expenses, including deductibles and copays, that occur when it comes to you or your family members' healthcare.

Benefits

- Includes enhanced wellness benefit
- Medical treatment package (air ambulance, ambulance, emergency room, visit x-ray, and more)
- Waiver of premium
- Health screening

To learn more about these plans and/or to enroll, visit piercegroupbenefits.com



Pet Insurance



With two budget-friendly options, there's never been a better time to protect your pet.

Our popular My Pet Protection[®] pet insurance plans now feature more choices, more flexibility, and is easy to enroll.

Cash back on eligible vet bills.

Choose your reimbursement level of 50% or 70%*

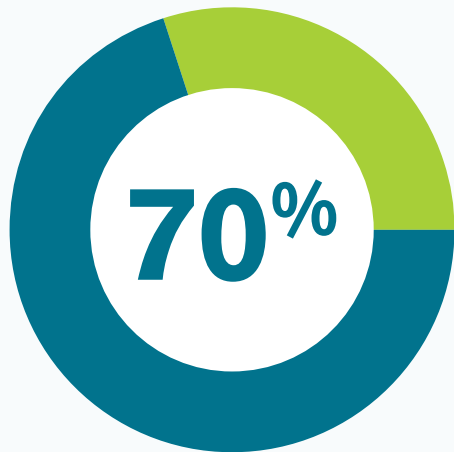
Available exclusively for employees.

Plans with preferred pricing only offered through your company

Use any vet, anywhere.

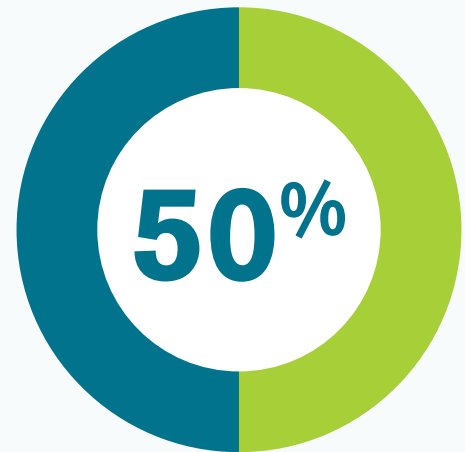
No networks and no pre-approvals

Choose your level of coverage with My Pet Protection[®]



70% Reimbursement

\$27-\$47 per month[#]



50% Reimbursement

\$20-\$35 per month[#]

**Get a fast, no-obligation quote today by visiting
benefits.petinsurance.com/mecklenburg-county-government**

* Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Reimbursement options may not be available in all states.

[#] Starting prices indicated. Final cost varies according to plan, species and ZIP code.



Employee Assistance Programs

What is the Employee Assistance Program (EAP)?

The EAP is a confidential benefit provided by GuidanceResources® that offers counseling, legal and financial consultation, work-life assistance and crisis intervention services for employees and their household family members.

What counseling services does the EAP provide?

The EAP provides 6 free short-term counseling sessions per issue per year with counselors in your area who can help you with your emotional concerns. If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist. In addition, Mental Health America of Central Carolinas offers free short-term counseling for Mecklenburg and Cabarrus County residents that are uninsured. For more information visit mhaofcc.org.

What happens when I call?

When you call, you will speak with a GuidanceConsultantSM, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultantSM will provide the name of a counselor who can assist you. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit.

Are the services confidential?

Yes, the EAP is strictly confidential. No information about your participation in the program is provided to your employer.



24/7 support, resources and information

Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: **833.927.1859** TTY: **800.697.0353**

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultantSM, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: **guidanceresources.com**

App: **GuidanceNowSM**

Web ID: **MeckEAP**

Log on today to connect directly with a GuidanceConsultantSM about your issue or to consult articles, podcasts, videos and other helpful tools.

Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, and stress
- Grief, loss and life adjustments
- Relationship/ marital conflicts

Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees

Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Online Support

Guidance Resources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions



401(k) and 457 Plans



North Carolina
Total Retirement Plans
401k | 457

The **NC 401(k) Plan** is a retirement savings plan sponsored by the State of North Carolina and available exclusively to North Carolina public employees who are actively contributing to one of the NC Retirement Systems. The Plan's recordkeeper is Empower. North Carolina state and local government employers offer this Plan to help employees reach their retirement savings goals.

- Automatic payroll deductions
- Change or stop contributions at any time
- 100% vesting
- Convenient asset consolidation
- Multiple investment choices
- Online retirement planning tools

The **NC 457 Plan** is a deferred compensation plan sponsored by the State of North Carolina and available exclusively to North Carolina state and local government employees. This includes full-time, part-time and temporary employees, elected and appointed officials, and rehired retired employees. The Plan's recordkeeper is Empower.

- Automatic payroll deductions
- Change or stop contributions at any time
- 100% vesting
- Penalty-free withdrawals
- Convenient asset consolidation
- Multiple investment choices

**For more information or to enroll,
visit www.MyNCPlans.com, call
704.219.9432 or call the Service
Center at 1.866.627.5267**

**Don't forget to review, add, and/or
update your beneficiaries.**

ICMA-RC is now

**Mission
Square**
RETIREMENT

MissionSquare Retirement 457 Plan is also a deferred compensation plan administered by MissionSquare Retirement who are a non-profit organization created by the public sector for the public sector, serving local and state governments only. This includes full-time, part-time and temporary employees, elected and appointed officials, rehired retired employees.

- Automatic payroll deductions
- Change or stop contributions at any time
- 100% vesting
- Penalty-free withdrawals
- Convenient asset consolidation
- Multiple investment choices

**To learn more about your options,
visit missionsq.org or
call 1.866.266.7310**

To enroll or make changes

Visit MeckWeb where you will find:

- Plan highlights and comparisons
- Investment options
- Videos
- Enrollment forms

Employees in positions that require 1,000 or more hours of service in any 52 week period (full-time and part-time) are automatically contributing members of the NCLGERS and begin to earn service credit on the first day of employment. Each participating employee contributes 6% of their gross compensation, through monthly payroll deduction, to the Retirement System. The County contributes a percentage of its gross monthly payroll to the Retirement System at rates set by Department of State Treasurer.

**To learn more about this benefit,
visit orbit.myncretirement.com or call
the Service Center at 919.814.4590**



NC 529 College Savings Plan

The NC 529® Plan gives you a tax-advantaged, straightforward way to start putting money aside for your child's college future right now. With easy online or paper enrollment, you can start saving with as little as \$25. Make future contributions regularly or periodically—your choice. Friends and family can even contribute too!

Employees can save for college through payroll deduction with the NC 529 College Savings Plan. The plan offers a wide range of investment options from conservative to aggressive. Investments can be used for qualified educational expenses such as tuition, books, and room and board.



How can you use NC 529 funds?

- College expenses, including tuition, books, fees, room and board, a computer and more
- Trade school expenses, as long as they are on the Federal Student Aid list
- Apprenticeship program expenses for programs registered with the U.S. Dept. of Labor or State
- Apprenticeship Agency
- K-12 tuition expenses up to \$10,000 of 529 funds per year, per child
- Special needs equipment
- Student loan payments on behalf of the 529 beneficiary or beneficiary's siblings up to \$10,000 per individual

Why use an NC 529 Account?

- Earnings are free from federal & NC income tax when used on qualified higher education expenses
- Only \$25 to enroll, fees are low, and your account is managed here in North Carolina
- Set up automatic contributions and ask about payroll deduction
- Investment options for conservative, moderate, and aggressive strategies and age-based options that periodically move your money for you

To enroll in the plan, contact the College Foundation of North Carolina (CFNC) at 800.600.3453 or visit cfnc.org/save-for-college

After enrolling

Once you have enrolled and selected the payroll deduction option a representative from CFNC will contact the County to advise that you've requested that your contributions be payroll deducted.



Financial Wellness

Financial Wellness is the process of learning how to successfully manage day to day expenses while planning wisely for long term goals like retirement. It is never too early or too late to learn more about managing your finances. The myTotalHealth Wellness Program offers several financial resources and classes to help you maximize your financial health.



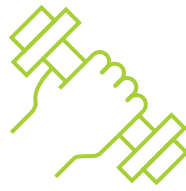
EAP Financial Services

EAP offers a wide variety of financial resources and services, including:

- Debt management and consolidation
- College funding
- Tax planning and preparation
- Retirement funding
- Credit counseling
- Budgeting

Unlimited telephonic financial consultation

You and your household members can access unlimited telephonic financial counseling, information and education from highly-trained financial counselors. Call 833.927.1859 or visit www.guidanceresources.com to get started!



Financial Fitness

We offer several financial workshops to help you get your finances in shape. These workshops will help you create a budget, track expenses, set savings goals, decrease your debt and build credit to achieve your financial goals.



Retirement Readiness

Learn more about your NC Local Governmental Retirement Benefit (pension) and other retirement benefits by attending an online Retirement Benefits Seminar. Register for a seminar through the "Training Enrollment" tool on MyHR.



Virtual Retirement Planning

Enjoy a 30-minute retirement planning session to learn more about your 401(k) and 457 plans. Whether you are new to Mecklenburg County or planning to retire soon, these individual sessions are geared towards helping you plan for your retirement.

To schedule a virtual consultation with NC Plans visit:
www.MyNCPlans.com

To schedule a virtual consultation with MissionSquare visit:
www.missionsq.org

**For announcements and updates, check EmployeeNewsNow and MeckWeb.
Send questions to hrrbenefits@mecknc.gov.**



County Insurance Perks



Blue365

Employees who are enrolled in the County's 2023 medical insurance plan may register for this perk.

Blue365 is an online destination where participating members can find healthy deals and exclusive discounts, all you need is your Blue Cross and Blue Shield member card to get started. This program will give you access to savings across all aspects of your life—including 20 percent off on Fitbit devices and over \$800 off Lasik, discounts on healthy, organic meal delivery services like Sun Basket, and more!



Marathon Health

To utilize Marathon Health you must be enrolled in a county medical plan as a County Employee, Library Employee, Non-Medicare Retiree, Spouse, Dependent (ages 2+). Mecklenburg County has partnered with Marathon Health to provide access to near-site health centers, offering services such as primary care, illness and injury care, labs, medication dispensing, and wellness services.

Reasons to Visit

- Wellness services
- Conveniently located
- High-quality care
- Low/no-cost clinic rates



Teladoc Health

To utilize Teladoc services, you must be enrolled in a County medical plan. With Teladoc, you can see a doctor from the comfort of your home, office or even on-the-go 24 hours a day, seven days a week. Teladoc is the latest way BlueCross and BlueShield of North Carolina (BlueCross NC) is making healthcare more available and affordable. Combining medicine and technology delivers clinical care quickly and conveniently – wherever you are. In addition to your short-term care, state-licensed doctors address non-emergency behavioral health and dermatology needs.



Healthy Rewards with Cigna Dental

Employees who are enrolled in the County's 2023 dental plan may register for this perk. Cigna Healthy Rewards gives you more healthcare choices and saves you money. There's no time limit or maximum to Healthy Rewards, so you and your covered family members can use them whenever you need them. Enjoy instant savings when you visit a participating provider or shop online.



Discount Program

Employee discounts from over 700,000 retailers, services, & more!

Enjoy savings on everyday purchases with Access Perks. You'll receive discounts on restaurants, shopping, hotels, car rentals, Disney parks, and much more!



How to start saving on everyday purchases

- 1 Visit mecklenburgcountync.accessperks.com
 - 2 Click **Sign Up** (make sure to use your company email to register)
 - 3 Enjoy your savings!
-

For a complete list of deals and providers, access your perks at mecklenburgcountync.accessperks.com



Discount Program

MeckPass

The Mecklenburg County Park and Recreation offer full-time employees a free MeckPass for all the fitness and aquatic facilities operated by Park and Recreation. Passholders will have access to facilities during regular operation hours. The pass will include some fitness classes taught by Park and Recreation staff and reduced fees to select programs.

To enroll and receive your free MeckPass, bring proof of employment (County ID or pay stub) to a fitness or aquatic facility and complete the registration process to obtain a MeckPass key tag. Your MeckPass can be scanned or manually entered to permit access to all the sites listed below:

Bette Rae Thomas Recreation Center

2921 Tuckaseegee Road, 28208

Cordelia Pool

2100 North Davidson Street, 28205

Double Oaks Family Aquatic Center

214 Statesville Avenue, 28205

Eastway Regional Recreation Center

3150 Eastway Park Drive, 28213

Mallard Creek Recreation Center

2530 Johnston-Oehler Road, 28269

Mecklenburg County Aquatic Center

800 E. Martin Luther King Blvd, 28202

North Regional Recreation Center

18121 Old Statesville Road, 28031

Ray's Splash Planet

215 N. Sycamore Street, 28202

Revolution Park Sports Academy

1225 Remount Rd, 28208

Southview Recreation Center

1720 Vilma St, 28208

West Charlotte Recreation Center

2401 Kendall Drive, 28216

A Family MeckPass is also available for employees at \$10 per pay period. The Family MeckPass can include an employee, a spouse, and up to seven youth dependents. You will need to enroll for the Family MeckPass by visiting myHR>Payroll>Voluntary Deductions. Bring your pay stub to a fitness or aquatic facility and complete the registration form for your family.



Plan Terminology

Copayment (Copay) is the amount you pay at the time a covered service is provided. Copay amounts vary depending on: the service you receive; in-network vs. out-of-network doctor; primary care physician/doctor vs. specialist; and type of prescription drug.

Coinsurance is the sharing of costs by the employer and the member, for covered services after you have met your plan year deductible. For example, if your coinsurance is 30%, that means you'll pay 30% and the employer will pay 70%, of covered medical expenses, after you've met deductible.

Deductible is the amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself.

Deduction is the amount of money deducted from your paycheck to pay for the premiums of your selected health plans.

Premium is the amount of money an individual must pay on a monthly basis for health insurance. You and the County both contribute to pay the cost of your premium, with the County paying the majority of the cost.

In-Network is a group of doctors, hospitals, pharmacies, and other providers who contract with insurance companies and provide services at negotiated rates.

Out-of-Network is a group of doctors, hospitals, pharmacies, and other providers who do not contract with the insurance companies and do not provide services at negotiated rates. You pay more out of pocket and have fewer protections.

Out-of-Pocket Max is the maximum amount of money you will have to pay for covered medical expenses within a plan year.

Seed Money are funds the County allocates for employees who select a High Deductible Health Plan (HDHP) and enroll in an Health Savings Account (HSA). These funds are uploaded to your HSA card at the beginning of the year, whether you contribute or not.

Preventative Care is routine health care that is 100% covered. Coverage includes screenings, services and counseling to help prevent illness, disease or other health problems. To view the list of preventive care services, please visit www.bcbsnc.com.

Wellness Rate is the discount received on medical premiums when you complete predetermined wellness activities.

Qualifying Life Event/Family Status Change

Once you make an election during Open Enrollment you cannot make any changes to your election unless you have the following qualifying life events; (birth/adoption, marriage/divorce, loss of coverage, death, etc.). You must notify Employee Services Center within 31 days of a qualifying family status change. After the 31-day period, no dependents can be added or dropped. Premium refunds will not be made, and coverage will end as soon as the dependent becomes ineligible for coverage.



Contact Information

Call the plan directly if you need coverage information for a specific condition, service area or plan provider.
To contact Mecklenburg County Human Resources with benefits questions: HRBenefits@mecknc.gov or 704.770.7423

Provider	Type of Provider	Phone	Website
 BlueCross BlueShield	Medical	1.877.275.9787	mybcbnsnc.com
 Cigna	Dental	1.800.244.6224	mycigna.com
 eyeMed	Vision	1.866.800.5457	eyemedvisioncare.com
 unum Better benefits at work.	Disability and Life Insurance	1.866.679.3054	unum.com/claims
 CVS caremark	Prescription Drug Plan	1.855.298.4257	caremark.com
 ameriflex	Flex Spending Accounts	1.888.868.3539	myameriflex.com
 HealthEquity	Health Savings	1.877.713.7682	healthequity.com
 Nationwide	Pet Insurance	1.877.738.7874	benefits.petinsurance.com/ mecklenburg-county-government
 PIERCE GROUP BENEFITS	Accident, Cancer, Critical Illness, Hospital Indemnity, Medical Bridge	1.888.662.7500	piercgroupbenefits.com/client/ mecklenburgcountygovernment/
 COMPSYCH GuidanceResources Worldwide	Employee Assistance	1.833.927.1859	guidanceresources.com
 Marathon Health.	Near Site Centers	1.866.434.3255	marathon-health.com
 North Carolina Total Retirement Plans 401k 457	401(k) and 457 Plans	1.866.627.5267	MyNCPlans.com
 Mission Square RETIREMENT	457 Plan	1.866.266.7310	icmarc.org
 College Foundation of North Carolina	College Savings	1.800.600.3453	cfnc.org
 Human Resources	Employee Services	704.432.6947	Helpdesk.myHR@mecknc.gov



Legal Notices

Mecklenburg County reserves the right to change, amend or terminate any benefits plan at any time for any reason.

Participation in a benefits plan is not a promise or guarantee of future employment. Receipt of benefits documents does not constitute eligibility. The Benefits Guide, combined with these legal notices, provides an overview of the benefits available to eligible employees and their dependents. In all cases, the official plan documents govern, and this Benefits Guide is not, and should not be relied upon as a governing document. In the event of discrepancy between the information presented in the Benefits Guide and official plan documents, the official plan documents will govern.

Summary of benefits coverage. A Summary of Benefits and Coverage (SBC) for each of the employer-sponsored medical plans is available at <https://www.mecktech.sharepoint.com/sites/HR-Benefits>

You may receive this notice at other times in the future – such as before the next period, you can enroll in Medicare prescription drug coverage, if Mecklenburg County's medical coverage changes, or upon your request.

Taxation of benefits. The taxation of certain benefits may vary at the local, state and federal level. You should consult your tax advisor if you have any questions about the proper treatment of any benefits.

Important notice to employees from Mecklenburg County about creditable prescription drug coverage and Medicare. The purpose of this notice is to advise you that the prescription drug coverage listed below under the Mecklenburg County medical plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2023. This is known as "creditable coverage."

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2023 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Mecklenburg County and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of creditable coverage. You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by the Mecklenburg County prescription drug plan, you'll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2023. This is called creditable coverage. Coverage under this plan will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Mecklenburg County plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Mecklenburg County coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment or other qualifying event, or otherwise become newly eligible to enroll in the Mecklenburg County plan mid-year, assuming you remain eligible.

You should know that if you waive or leave coverage with Mecklenburg County and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this Mecklenburg County coverage changes, or upon your request.

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number) or visit the program online at <https://www.shiptacenter.org/>.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).



Legal Notices

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage:

Benefits Department

Mecklenburg County
700 E. 4th Street, Suite 200
Charlotte, NC 28202

Notice of Special Enrollment Rights for Health plan coverage. As you know, if you have declined enrollment in Mecklenburg County's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

Mecklenburg County will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 31 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Mecklenburg County group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Women's Health and Cancer Rights Act notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator.

Newborns' and Mothers' Health Protection Act notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

Michelle's Law notice – Extended dependent medical coverage during student medical leaves

The Company Health & Welfare plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from a post-secondary educational institution (including a college or university). Coverage may continue for up to a year, unless the child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school – or change in school enrollment status (for example, switching from full-time to part-time status) – starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If the coverage provided by the plan is changed during this one-year period, the plan will provide the changed coverage for the remainder of the leave of absence.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, contact Human Resources as soon as the need for the leave is recognized to Mecklenburg County. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.



Legal Notices

Premium assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply.

Alabama (Medicaid)
Website: http://myalhipp.com Phone: 1.855.692.5447
Alaska (Medicaid)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1.866.251.4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
Arkansas (Medicaid)
Website: http://myarhipp.com/ Phone: 1.855.MyARHIPP (855.692.7447)
California (Medicaid)
Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov
Colorado (Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+))
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1.800.221.3943 CHP+: https://www.colorado.gov/pacific/hcpt/child-health-plan-plus CHP+ Customer Service: 1.800.359.1991 / State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpt/health-insurance-buy-program HIBI Customer Service: 1.855.692.6442
Florida (Medicaid)
Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1.877.357.3268
Georgia (Medicaid)
A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678.564.1162, Press 2

If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility.

Indiana (Medicaid)
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1.877.438.4479 All other Medicaid Website: https://www.in.gov/medicaid Phone: 1.800.457.4584
Iowa (Medicaid and CHIP (Hawki))
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1.800.338.8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1.800.257.8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1.888.346.9562
Kansas (Medicaid)
Website: https://www.kancare.ks.gov/ Phone: 1.800.792.4884
Kentucky (Medicaid)
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1.855.459.6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1.877.524.4718 Kentucky Medicaid Website: https://chfs.ky.gov
Louisiana (Medicaid)
Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1.888.342.6207 (Medicaid hotline) or 1.855.618.5488 (LaHIPP)
Maine (Medicaid)
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1.800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1.800.977.6740 TTY: Maine relay 711
Massachusetts (Medicaid and CHIP)
Website: https://www.mass.gov/masshealth/pa Phone: 1.800.862.4840



Legal Notices

Minnesota (Medicaid)
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1.800.657.3739
Missouri (Medicaid)
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573.751.2005
Montana (Medicaid)
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1.800.694.3084
Nebraska (Medicaid)
Website: http://www.ACCESSNebraska.ne.gov Phone: 1.855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
Nevada (Medicaid)
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1.800.992.0900
New Hampshire (Medicaid)
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603.271.5218 Toll free number for the HIPP program: 1.800.852.3345, ext 5218
New Jersey (Medicaid and CHIP)
Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 609.631.2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1.800.701.0710
New York (Medicaid)
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1.800.541.2831
North Carolina (Medicaid)
Website: https://medicaid.ncdhhs.gov/ Phone: 919.855.4100
North Dakota (Medicaid)
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1.844.854.4825
Oklahoma (Medicaid and CHIP)
Website: http://www.insureoklahoma.org Phone: 1.888.365.3742
Oregon (Medicaid)
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1.800.699.9075
Pennsylvania (Medicaid)
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1.800.692.7462
Rhode Island (Medicaid and CHIP)
Website: http://www.eohhs.ri.gov/ Phone: 1.855.697.4347, or 401.462.0311 (Direct Rlte Share Line)
South Carolina (Medicaid)
Website: https://www.scdhhs.gov Phone: 1.888.549.0820

South Dakota (Medicaid)
Website: http://dss.sd.gov Phone: 1.888.828.0059
Texas (Medicaid)
Website: http://gethipptexas.com/ Phone: 1.800.440.0493
Utah (Medicaid and CHIP)
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1.877.543.7669
Vermont (Medicaid)
Website: http://www.greenmountaincare.org/ Phone: 1.800.250.8427
Virginia (Medicaid and CHIP)
Website: https://www.coverva.org/en/famis-select Medicaid Phone: 1.800.432.5924 CHIP Phone: 1.800.432.5924 Email: HIPPcustomerservice@dmass.virginia.gov
Washington (Medicaid)
Website: https://www.hca.wa.gov/ Phone: 1.800.562.3022
West Virginia (Medicaid and CHIP)
Website: https://dhhr.wv.gov/bms/ Medicaid Phone: 304.558.1700 CHIP Toll-free phone: 1.855.MyWVHIPP (1.855.699.8447)
Wisconsin (Medicaid and CHIP)
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1.800.362.3002
Wyoming (Medicaid)
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1.800.251.1269

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1.866.444.EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1.877.267.2323, Menu Option 4, Ext. 61565



Legal Notices

Wellness program notices

Mecklenburg County Wellness Programs are a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program may receive an incentive. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Mecklenburg County HR department.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from disclosure of medical information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Mecklenburg County may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) registered nurses, doctors, and wellness coaches in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision.

Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Mecklenburg County's HR department.

New health insurance marketplace coverage options and your health coverage

Part A: General information

To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the health insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Can I save money on my insurance premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does employer health coverage affect eligibility for premium savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.12% for 2023 of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



Legal Notices

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How can I get more information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Mecklenburg County.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Part B: Information about health coverage offered by your employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

1. Employer Name: Mecklenburg County
2. Employer Identification Number (EIN): 56-6000319
3. Employer Address: 700 E. 4th Street, Suite 200
4. Employer Phone Number: 704-432-6917
5. City: Charlotte
6. State: NC
7. ZIP Code: 28202
8. Who can we contact about employee health coverage at this job?: Employee Services Center
9. Phone Number (if different from above)
10. Email Address: Helpdesk.myHR@mecknc.gov

Here is some information about health coverage offered by this employer.

As your employer, we offer a health plan to:

All employees. Eligible employees are: Full-time employees scheduled to work at least 30 hours per week.

With respect to dependents:

We do offer coverage. Eligible dependents are: Spouses, Children up to age 26 (biological, foster, adopted or step), and unmarried children of any age if they depend on you for support due to physical or mental disability which commenced before the limiting age.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Opt-Out payment attestation

Mecklenburg County has offered me the opportunity to enroll in medical coverage under Mecklenburg County's Health Plan which constitutes minimum essential coverage (MEC) with minimum value as defined under the Affordable Care Act. Mecklenburg County also provides an opt-out payment if I and my "expected tax family" will be covered by other non-individual market MEC for the relevant period and if I complete this attestation.

I hereby certify that the following statements are true and correct:

- I am declining medical coverage under the Mecklenburg County Health Plan for myself, my spouse and all tax dependents, if any, for whom I reasonably expect to claim personal exemption deduction on my federal income tax return ("expected tax family")
- I and all other members of my expected tax family, if any, have or will have MEC that is NOT coverage obtained in the individual market or Health Insurance Marketplace for the period covered by the opt-out payment (as defined below)

I understand and agree to the following:

- The plan year under the Mecklenburg Health Plan is 1/1/2023-12/31/2023

The period covered by the opt-out payment is:

- Through the end of the current plan year, if the declination of coverage is related to initial enrollment
- Through the end of the next plan year, if the declination of coverage is related to open enrollment

If my employer knows or has reason to know that I or any other member of my expected tax family does not have (or will not have) the required alternative MEC, my employer is obligated to terminate the opt-out payment



Legal Notices

Model general notice of COBRA continuation coverage rights

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.
- If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
 - Your spouse dies;
 - Your spouse's hours of employment are reduced;
 - Your spouse's employment ends for any reason other than his or her gross misconduct;
 - Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
 - You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: anyone covered under the plan who are spouses, dependent children, or anyone else eligible for COBRA continuation coverage under the plan.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended

Disability extension of 18-month period of COBRA continuation coverage. If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA continuation coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.



Legal Notices

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period² to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage. If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Mecklenburg County
700 E. 4th Street, Suite 200
Charlotte, NC 28202

Timing extensions expiring for HIPAA special enrollment events, COBRA coverage and ERISA claim and appeals

The U.S. Department of Labor and IRS announced temporary extensions of certain plan deadlines during the COVID-19 pandemic. Under these extensions, plan participants and dependents were given extra time to make HIPAA Special Enrollment election changes, file ERISA claims and appeals, receive notifications about COBRA elections, and make COBRA premium payments.

This temporary extension became effective on March 1, 2020 and extended certain individual deadlines.

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This temporary extension became effective on March 1, 2020 and extended certain individual deadlines.

What this means for you and your family

During the period that began March 1, 2020 to present, individual timing extensions can only be extended for a maximum of 12 months. If the original deadline would have been on or after March 1, 2020, your new deadline may be up to one-year from your original deadline. For example, if you would have been required to notify the plan of a HIPAA Special Enrollment event (i.e., the birth of a child) by July 1, 2021, your deadline to request an election change under the HIPAA rules will now be June 30, 2022.

Your deadline could end sooner than one year once the National Emergency declaration ends. At the time of this notice, the National Emergency declaration remains ongoing. However, the extensions described here will only last for the shorter of the following two periods: one year from your original deadline, or the period between your deadline (if after 3/1/20) and 60 days following the end of the National Emergency declaration.

If you delayed any of the following due to your timing extension, you should act quickly or you may lose your ability to exercise your rights under the plan for:

- Requesting enrollment under the plan due to a HIPAA Special Enrollment event, which includes when you are otherwise eligible for the plan and are—
- An employee or an employee's spouse or dependent who loses other coverage,
- An employee that gains a dependent by birth, adoption, or placement for adoption, or marriage, or
- An employee of a dependent that loses eligibility for state Medicaid or Children's Health Insurance Program (CHIP) coverage or becomes eligible for state premium assistance under Medicaid or CHIP; or
- Filing an ERISA claim or appeal; or
- Enrolling in or making premium payment(s) for your COBRA continuation coverage

If you did not experience a HIPAA Special Enrollment or COBRA qualifying event, or did not have the need to file an ERISA claim or appeal, you do not need to take any action.

Questions? For more information, contact:

Mecklenburg County
700 E. 4th Street, Suite 200
Charlotte, NC 28202

² <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>



Legal Notices

No Surprises Act notice

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed. If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact U.S. Department of Health and Human Services beginning January 1, 2022 at 1-800-985-3059. Visit No Surprises Act | CMS for more information about your rights under federal law.

Machine-Readable File

The Transparency in Coverage Final Rules require certain group health plans to disclose on a public website information regarding in-network provider rates and historical out-of-network allowed amounts and billed charges for covered items and services in two separate machine-readable files (MRFs). The MRFs for the benefit package options under the are linked below:

Transparency in Coverage MRF | Blue Cross NC

Access To And Availability Of The Notice Of Privacy Practices

Mecklenburg County Group Health Plans' Notice of Privacy Practices (NPP) is applicable to persons enrolled in the employee and retiree medical plans, the dental plan, the medical flexible spending plan, and employee assistance program. If you wish to request a paper copy, you must submit your request in writing to the Group Health Plans' Privacy Coordinator at HR.Compliance@mecklenburgcountync.gov or via US Mail to: County HR, Compliance & Privacy Practices, 700 E. Fourth Street, Charlotte, NC 28202.



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Statement of Equal Employment Opportunity and Americans with Disabilities Act

It is the policy of the County to provide equal employment opportunity without regard to race, color, religion, sex, sexual orientation, genetic information, political affiliation, age, disability, national origin, or other status protected by federal, state or local law.

Discrimination against any person in the recruitment, examination, appointment, training, promotion, retention, discipline, or any other aspect of personnel administration because of race, color, religion, sex, sexual orientation, genetic information, political affiliation, age, disability, national origin, or other status protected by federal, state or local law is prohibited.

Discrimination on the basis of age, sex, or physical disability is prohibited except where age, sex, or disability requirements constitute a bona fide occupational qualification necessary for performance of the essential functions of a job. The County will comply with the Americans with Disabilities Act (ADA) which prohibits discrimination on the basis of a disability.

The County will make reasonable accommodations upon requests of otherwise qualified disabled applicants and employees to enable them to perform essential job functions except where such accommodations may constitute an unreasonable hardship or jeopardize the health and safety of employees, applicants or the general public.

The employee benefits program is administered by
Mecklenburg County Human Resources Department
700 East 4th Street
Charlotte, NC 28202

Rate Notice for 10 Month Employees

In order to provide continuous medical coverage for 10 month staff, the County deducts additional amounts in the 10 months (22 pay periods) worked to cover the approximate 2 months in the summer (4 pay periods) in which staff do not receive a paycheck and are not paying premiums.



MECKLENBURG COUNTY
North Carolina



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